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Human Trafficking background

By Michele Hanley

You see her at the bus stop as you are driving down the street. She seems vaguely familiar but you can't figure out why. You respond to a call for abdominal pain. The female patient answers all of your questions, yet seems detached. You answer a call and enter a home where you feel something just isn't right, yet there are no signs of overt abuse. What do you do?



Human trafficking is one of the fastest growing criminal industries in the world, attracting transnational and domestic criminal organizations, and, as a several billion dollar a year industry, it is becoming more financially lucrative than many other illegal activities such as drug trafficking. The California Legislature has defined human trafficking as "all acts involved in the recruitment, abduction, transport, harboring, transfer, sale or receipt of persons, within national or across international borders, through force, coercion, fraud or deception, to place persons in situations of slavery or slavery-like conditions, forced labor or services, such as forced prostitution or

Human Trafficking (continued on pg.2)

Dr. William Koenig Retires!

Dr. Koenig was the Medical Director of the Los Angeles County EMS Agency from 1987 to 1993, and again from 2003 to 2015. His long and industrious career has included a multitude of leadership roles, such as:



- Medical Director of Sierra Sacramento Valley EMS Agency, Mercy Air Services, Long Beach Memorial Emergency Department, and our own Paramedic Training Institute
- Fellow, American College of Emergency Physicians (ACEP), and Vice President California Chapter of ACEP
- American Board of Emergency Medicine Examiner for ABEM Board Certified Exams
- Chairman of the Practice Advisory Task Force – American Board of Emergency Medicine, the State of California Emergency Medical Services Commission, the State of California Scope of Practice Committee, and the Emergency Medical Services Medical Directors Association
- Medical Editor, Journal of Emergency Medical Services

While working as the Medical Director of the EMS Agency, he worked closely with the American Heart Association and EMS Constituents to implement both the STEMI and Stroke systems of care in Los Angeles County. The implementation of these systems entailed working closely with the Hospital Association of Southern California, various physician groups, and prehospital providers to coordinate efforts and implement policy.

His extensive work and leadership has led to the improvement of patient care throughout Los Angeles County.

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FAST-MAG Wrap Up

A consortium of EMS agencies and acute stroke hospitals, including the Los Angeles County EMS Agency, presented the results of the NIH Field Administration of Stroke Therapy – Magnesium (FAST-MAG) clinical trial at the February 2014 International Stroke Conference.

The FAST-MAG trial involved collaboration between 315 ambulance companies, 40 emergency medical service agencies, 60 receiving hospitals and 2,988 paramedics. Conducted between 2005 and 2013, the study enrolled 1,700 stroke patients in Los Angeles and Orange counties.

The NIH FAST-MAG Trial had two main goals: 1) innovate techniques to deliver promising therapies to acute stroke patients earlier than any previous study, opening up a new time window for therapy, and 2) determine if magnesium sulfate delivered in a hyperacute timeframe in the field improved outcome from acute stroke. Through the dedicated commitment of LA and OC paramedics, the study accomplished both of these goals.

To open up a new treatment timeframe, FAST-MAG sought to deliver the study agents to all patients within 2 hours of onset of symptoms, including a high proportion of patients treated in the first, “golden” hour. Treatment within these time windows, when the greatest amount of brain tissue is still salvageable, had never previously been accomplished for focal stroke symptoms. The trial amply achieved this goal. The median time from last known well to start of study drug in the FAST-MAG trial was 45 minutes. Fully 74% of the patients were enrolled within the first hour.

The study also provided a definitive answer with regard to whether magnesium sulfate was beneficial; albeit disappointing, as the answer was that it was not beneficial. Trends toward a positive effect of magnesium sulfate were seen at the first interim analyses, but disappeared over time. The possibility that improvements in standard stroke care during the study period may have diminished opportunities for the agent to continue to show benefit will be explored.

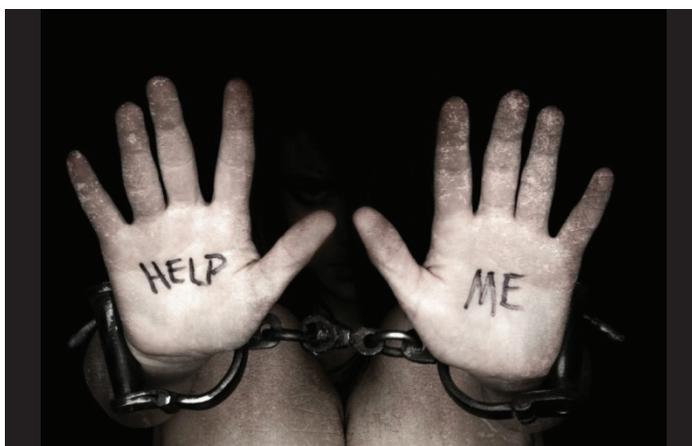
The FAST-MAG researchers are extremely indebted to the nearly 3,000 paramedics involved in the study, as well as the emergency medicine physicians, neurologists, neurosurgeons, and nurses who participated. The early enrollment processes and systems innovated by LA county paramedics in FAST-MAG have already become key resources for stroke doctors worldwide to test promising new, field-based treatments for acute stroke.

Human Trafficking (from pg.1)

sexual services, domestic servitude, bonded sweatshop labor, or other debt bondage.”

Human trafficking is contemptible and inhumane – stealing dignity, causing bodily injury, and taking the freedom of other human beings for the sole purpose of financial gain for criminals. Human traffickers prey upon marginalized populations reluctant to seek help from any official agency, such as the poor, the homeless, ethnic minorities and indigenous groups, migrant workers, undocumented immigrants, and persons with disabilities. While this crime appears to lurk in the shadows of society, human trafficking is right in front of us. The person you responded to on your last call could be a victim of human trafficking.

There are an estimated 27 million men, women, and children who are victims globally of human trafficking; however, only 40,000 victims were identified last year. The U.S. is one of the top destination countries for human trafficking, and California is one of the four top destination states in the country. Human traffickers are becoming increasingly sophisticated and organized. New tools, such as social media, are making it easier to attract potential victims, expedite the crime, and evade law enforcement. Since 2007, human trafficking has increased significantly in California, and the increasing number of victims is alarming.



How does this happen

Through the ease of internet access, details of one’s life are now accessible and can be monitored effortlessly by these criminals. This information is used to target and

Human Trafficking (continued on pg.3)

recruit potential victims, manipulating and enticing them, and instilling a false sense of trust in the person they are trying to victimize.

Human traffickers are not exclusively male, but female traffickers may have, at one point, been victims themselves. With cunning and force, traffickers aim to take total control of every aspect of the victim's life, maintaining control through violence and coercion. Victims are subject to continuous, severe, psychological and physical abuse of many types at the hands of those who hold them hostage, and come to believe that the outside world does not see them, or does not care about them. Traffickers control their victims by instilling fear, as well as gratitude for being allowed to live, and encourage their victims to believe that they cannot trust anyone except the trafficker, especially persons in positions of authority such as law enforcement and health professionals. Many traffickers will initially drug their victims to keep them in a state of disorientation until they can achieve control.

Victims feel a sense of grief, shame, and self-hatred, and suffer from disorders such as insomnia, eating disorders, post-traumatic stress disorder, depression, and suicide. In addition, victims are at high risk for injuries associated with physical abuse such as broken bones, concussions, burns, injuries to internal organs, and traumatic brain injury, as well as other illnesses such as sexually transmitted diseases, tuberculosis, hepatitis, pneumonia, diseases associated with malnutrition, forced or coerced abortions or miscarriages, and sterility.

EMS Implications

How does human trafficking affect the delivery of emergency medical services (EMS)? What is our obligation as healthcare providers? The complexity of human trafficking makes the identification of victims difficult for EMS providers. The nature of the EMS call normally has a wide expanse of potential causes that are much more obvious and easier to recognize for the EMS provider.

The Office of Homeland Security has launched the Blue Campaign to assist EMS professionals in recognizing potential human trafficking victims. This campaign also empowers EMS professionals to not just recognize the signs and symptoms, but to notify law enforcement if the following signs are present:

- Bruises in various stages of healing caused by physical abuse
- Scars, mutilations, or infections due to improper medical care
- Urinary difficulties, pelvic pain, pregnancy, or

rectal trauma caused from working in the sex industry

- Chronic back, hearing, cardiovascular, or respiratory problems as a result of forced manual labor in unsafe conditions
- Poor eyesight and/or eye problems due to dimly lit work sites
- Malnourishment and/or serious dental problems
- Excessive work related injuries
- Disorientation, confusion, phobias, or panic attacks caused by daily mental abuse, torture, and culture shock

Many of these signs and symptoms are ambiguous by nature and the identifying the source of these injuries or illnesses can be difficult under normal circumstances. Observing the scene and analyzing the environment can make recognizing potential human trafficking more straightforward. Many of the signs of human trafficking are parallel to those signs of child abuse and spousal/domestic partner abuse.

So how does an EMS provider know if the person they are treating is a victim of human trafficking? Pay attention to "gut feelings," and be on the lookout for these red flags.

- Is the patient accompanied by another person who seems controlling?
- Does person accompanying the patient insist on giving information or talking?
- Does the patient have trouble communicating due to language or cultural barriers?
- Are the patient's identification documents (for example, passport, driver's license) being held or controlled by someone else?
- Does the patient appear submissive or fearful?
- Is the patient inadequately dressed for the situation or work done?
- Are there security measures designed to keep the patient on the premises?
- Does the patient live in a degraded, unsuitable place or share sleeping quarters?

There has been an increase in publicity and public awareness campaigns focused at the recognition and reporting of human trafficking. The involvement, interaction and delivery of emergency medical services



Human Trafficking (continued on page 6)

2014 EMS Agency Outstanding Nurse of the Year



Congratulations Terry Crammer! LA County EMS Agency's 2014 Outstanding Nurse of the Year.

Terry Crammer was serving in the US Army as an infantry captain in 1986 when he received his calling to help people through other means. That's when he decided to enroll in the nursing program at California State University Long Beach (CSULB) because he'd always been appreciative and enjoyed the patient care aspect of the profession and the impact nurses have on their patients' lives.

After graduating from CSULB in 1988, Terry began his professional nursing career at Harbor-UCLA Medical Center, as an emergency department nurse. He also worked part-time in Harbor's cardiothoracic unit. In 1991, Terry came to the Emergency Medical Services (EMS) Agency as a nursing instructor, where he trained students to become paramedics at the Paramedic Training Institute (PTI). From there, Terry quickly climbed the ranks of PTI, promoting to Senior Nursing Instructor and becoming the Training Coordinator in 1999, and then the Program Director in 2001.

In order to expand his knowledge base, Terry transferred to the EMS Agency's Disaster Medical Services section in 2008, as a Disaster Training Specialist. Since transferring to the Disaster Service section, Terry has streamlined the department's coordination of the annual Statewide Medical and Health Exercise program, and enhanced the processes and procedures in DHS' Department Operations Center.

Terry plans to stay with the County until retirement.

2015 EMS Agency Outstanding Nurse of the Year



The EMS Agency recognized one of its nurses posthumously as Nurse of the Year for 2015 - her son and daughter-in-law accepted the award on her behalf.

Kathy, an Illinois native, began her nursing career at Martin Luther King Jr./Drew Medical Center in the ICU, after which she gravitated to the emergency department, and her various roles included Prehospital Care Coordinator at Beverly Hospital.

In 2000, Kathy returned to the County, working for the Emergency Medical Services (EMS) Agency, Prehospital Care Section, and she moved to Disaster Services in 2003. While in her disaster services role, Kathy coordinated preparedness activities for various healthcare entities including dialysis centers, skilled nursing facilities and clinics. Kathy was an avid teacher and mentor and since 2000 served as an adjunct professor with National University teaching health education.

In August of 2014, Kathy made a humanitarian trip to Uganda in spite of just having been diagnosed with cancer for the 3rd time in her life. Providing care and support to orphaned children in Africa was so important to her that she took her first round of chemotherapy whilst there. In December 2014, Kathy lost her battle with cancer.

In her time at the County, Kathy was a friend, colleague, co-worker, role model and leader with a special personality, charisma and character and her EMS colleagues hope that she knew how much she was respected.

Los Angeles County EMS Agency Medical Advisory Council

In a large, complex EMS system like Los Angeles County, we are fortunate to have a team of physicians that serve on the EMS Agency **Medical Advisory Council** to tackle tough clinical issues, discuss medical literature and best practices in EMS, and reach consensus on our unique system issues. Council members include base hospital and provider agency medical directors who are currently active in our system. We are especially fortunate to have physicians participate who are accomplished leaders in EMS and prehospital research.

Recent council discussions have included such topics as the medical benefits of intraosseous vascular access in non-cardiac arrest patients, the use of perilyngeal airway (King-LTSD) as a primary airway, continuous positive airway pressure (CPAP) in the prehospital setting, and the use of end tidal CO₂ in both cardiac arrest management and in termination of resuscitation. Use of such modalities in the prehospital setting can have a major influence on patient outcome. For example, initiating CPAP in the field has been shown to reduce the need for endotracheal intubation and intensive care unit admission, allowing for more rapid discharge from the hospital.

Changes in policy, such as the recent changes to patient selection for spinal motion restriction (SMR), are often brought to the Council for critical review. Guided by current medical evidence, the council agreed that reducing unnecessary spinal immobilization would reduce pain and injury from backboard overuse, exposure to radiation through unnecessary x-rays, use of emergency department resources, and lengths of stay.

At times, the Council is faced with difficult system issues that require balancing provider resources, recommendations from peer specialists, and the current medical literature. In 2011, the American College of Surgeons (ACS) and the Centers for Disease Control and Prevention (CDC) proposed a Field Triage Decision Scheme that recommended that all patients involved in a motor vehicle crash resulting in at least 18 inches of passenger space intrusion (PSI) in an unoccupied passenger space be transported to a trauma center. With both the Medical Advisory Council and prehospital care providers giving input, the 18 inches unoccupied PSI was subsequently downgraded from a trauma triage criterion (requiring transport to the trauma center) to a guideline, allowing the paramedic and base hospital to make a joint decision on the most appropriate patient destination.

These and many other medical issues are the heart of the Council meetings. The members' commitment to EMS and contribution to our system is a valuable part of the process that supports the best practices approach to patient care delivery.

Ambulance Response to Radiological Events

By Terry Crammer

It is a national consensus that victims who have life-threatening injuries and are contaminated with radiological material should receive emergency care before decontamination considerations. This is supported by dozens of resources including the Emergency Response Guidebook (ERG), The U.S. Department of Health and Human Services, The Los Angeles County Multi-Agency Radiological Response Plan (MARRP) and Los Angeles County Prehospital Policies 519.4, and 1235. In other words "treatment of significant medical conditions should always take precedence over radiological assessment or decontamination of the patient." (American College of Radiology, 2006).

It is also clear that life-threatening traumatic injuries are best treated in the hospital setting. "Survival rates will decrease if transportation is constrained by policies imposed by EMS, ambulance providers and medical facilities that will not transport and/or accept potentially contaminated patients." (Homeland Security Council, 2009)

These two factors have led many to question: What would happen to the ambulance and crew that were involved in an event where radiologically contaminated patients are transported thus potentially exposing the crew and vehicle to radioactive contamination?

A specialized task force comprised of experts from various disciplines met from January 2012 thru July 2013 to examine overlapping issues, discuss management strategies and define answers to this question in order to develop an end product that provides guidelines that may be implemented in response to radiological contamination events.

Radiological Events (continued on pg.6)

Radiological Events (from pg.5)

Disciplines represented included Health Physicists, Emergency Physicians, Emergency Medical Technicians, Registered Nurses, Hazardous Materials Specialists, Ambulance Administrators and Fire Chiefs. These individuals represented public and private ambulance services, fire department, public health, emergency medical services and hospitals.

The final draft document was then vetted to private and public 9-1-1 transporting ambulance departments (6 Private + 25 Public), departments with Hazardous Materials Response Units (16 units), fire departments, Radiation Management Division of Los Angeles County Department of Public Health, Los Angeles County Department of Health Services- Emergency Medical Services Agency, Los Angeles County Fire Department-Health Hazmat, local ambulance association and other interested stakeholders within the Operational Area (OA). After a review and comment period this consensus document was finalized to provide guidance on actions to be taken by ambulance transport units before, during and after a radiological event.

In November of 2013 a “beta” training test was performed with about 20 EMT’s. Their comments and suggestions were evaluated and the curriculum modified based on some of their recommendations.

So where are we now? The “Ambulance Guidelines for Response to Radiation Events” document is complete and available on the Los Angeles County Emergency Medical Services website. The curriculum is also complete but the method of delivery i.e. web based, DVD, instructor led has not been decided. In the future the plan is to reconvene the task force and;

- Decide on the best delivery method for training
- Conduct a small functional exercise with “trained” personnel
- Modify, as needed, the “Guidelines” based on lessons learned from the functional exercise
- Conduct a “Full Scale” multiagency exercise

If you have any questions regarding this project or would like further information, please contact Terry Crammer tcrammer@dhs.lacounty.gov.

Human Trafficking (from pg.3)



by EMS personnel have not been widely discussed, which leaves caring for this vulnerable population difficult. How do you know the person you are caring for is a victim? These victims present with very ambiguous complaints that have the potential to be caused by other ailments. How can EMS help? Having a heightened awareness of the environment and scrutinizing the scene for any potential indicators could be lifesaving. EMS personnel are called to locations where others are kept out. Having a glimpse of the environment and detecting any signs of abuse that could be human trafficking is vital to those professions dedicated to ending this modern day slavery.

How or where do EMS providers report their suspicion of human trafficking? There are federal, state and local agencies that will take a report and investigate any and all reports of potential human trafficking. The National Human Trafficking Resource Center Hotline has a 24 hour hotline and the phone number is easy to remember. It is 1-888-373-7888. The other option is to contact the local law enforcement agency. These local agencies are extensively trained in the recognition of human trafficking and are able to connect a victim to the proper agency for help.

What can we do? Be the one to help stop human trafficking.

**National Human Trafficking
Resource Center (NHTRC)**

1-888-3737-888

email: NHTRC@PolarisProject.org

TOLL-FREE | 24 Hours/day, 7 Days/week

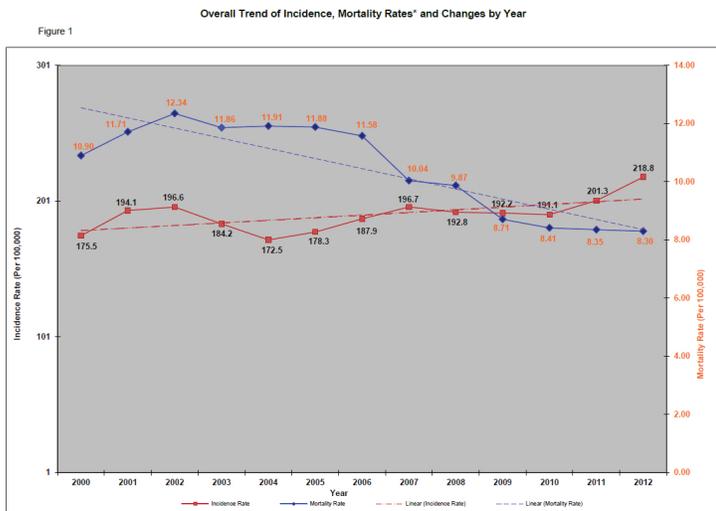
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Sneak Preview: Epidemiological Analyses of Trauma Injury in Los Angeles County from 2000 – 2012

Data from 2000-2012 from Los Angeles County Trauma and Emergency Medicine Information System (TEMIS) Trauma registry were analyzed by Sean Chen, Epidemiologist, in order to determine the incidence, mortality rates, rate ratio and trends in registry injuries. The Agency is currently working on publishing this extensive paper in its entirety – in the meantime, here is an interesting excerpt:

“From 2000-2012, there were a total of 245,923 trauma patients included in the registry. 182,276 (74.1%) were male. 24,782 (10.1%) were pediatric (less than or equal to 14 years of age). Adults aged 25-44 represented 35% of the patients, and 9.5% were greater than 65 years of age.”

“The overall trauma injury incidence rate has increased slightly, with a 1.1% annual change in rate, and mortality rates have declined significantly by 3.2% (Fig. 1).”



John Celentano retires after 38 years!

Dr. Celentano, the Emergency Medical Services Agency, Disaster Medical Officer, or as many of us called him “Dr. C” decided to hang up his stethoscope, personal dosimetry device, and all his disaster related supplies after 38 wonderful years of service to the County of Los Angeles.

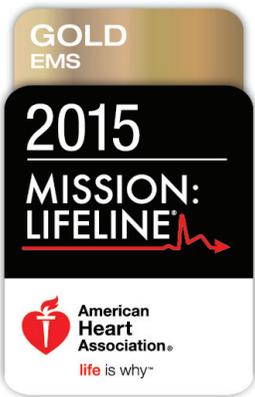
Dr. Celentano received his medical specialty in Emergency Medicine from USC. He served in three branches of the military (Navy, Air Force, Army), and retired from military service in 1998 as a Lieutenant Colonel. Although retired, he would continue to teach and provide expertise for the Army’s Joint Medical Readiness Training Center through 2008. His career in the military allowed him to work on some of the original nuclear testing done in the South Pacific, the NASA Space program (1960-1973), and with some of the pioneers in Chemical and Biological defense research, such as Dr. Fredrick Sidell and Dr. William Patrick. These experiences were where Dr. C found his passion.

Dr. C began his career with the County in 1976 at the EMS Agency. He has served as the Medical Director of the Paramedic Training Institute, Medical Alert Center Medical Supervisor and the Disaster Medical Officer. In 1995, in the aftermath of the Northridge earthquake (1994), the Oklahoma City bombing (1995) and the Sarin nerve agent attack in Tokyo (1995), Dr. Celentano lobbied heavily to have the EMS Agency sponsor a Disaster Medical Assistance Team (DMAT). His persistence paid off, and Dr. C would become an original member of the team. Dr. C was later instrumental in having DMATs be trained to respond to terrorist types of events and the establishment of National Medical Response Teams (NMRT), trained to respond to Chemical, Biological, Radiological, Nuclear or Explosive (CBRNE) events.

Dr. C’s professional career was incredibly varied. Other highlights include:

- Lifetime community college teaching credential in California
- Research and development specialist in aerospace and

Celentano (continued on pg.8)



2015 Mission: Lifeline® EMS Gold Level Recognition Award

The American Heart Association recently recognized the Los Angeles County EMS Agency for achievements in ST-elevation myocardial infarction (STEMI) care. This program recognizes EMS service organizations' commitment and success in implementing specific quality improvement measures for the treatment of patients who suffer severe heart attacks. Last year, LA County EMS Agency achieved Silver level recognition by meeting the following criteria 75% of the time or more:

- Percentage of patients with non-traumatic chest pain > 35 years of age, treated and transported by EMS who received a prehospital 12 Lead EKG.
- Percentage of STEMI patients transported to a STEMI Receiving Center (SRC) with a prehospital, first medical contact to device (PCI) time of < 90 minutes.
- Percentage of STEMI patients transported to an SRC, with an arrival (“door”) to fibrinolytic therapy administration time of < 30 minutes.

Organizations that achieve these criteria for 2 consecutive calendar years are awarded Gold level recognition.

Celentano (from pg.7)

environmental medicine

- Subject matter expert in 35 technical papers and publications related to various programs
- Chairman of the American Heart Association, Los Angeles Affiliate – Emergency Cardiovascular Care, ACLS and BCLS subcommittees
- Base Hospital Physician
- Hazardous Materials Technician

- Los Angeles County Sheriff Reservist who flew with “Air 5” as part of the Medical Emergency Team for rescue operations.

The common theme in Dr. C’s admirable and long career is service to the public. His goal was always to help protect lives. I think one would agree that Dr. C accomplished that goal, and made an impact on the citizens of Los Angeles, the State of California and the nation. He will be missed, but remembered for his contributions.



Los Angeles County Fire Bids Farewell to Dr. Franklin Pratt after 30 Years of Service

Dr. Pratt completed his Emergency Medicine and Internal Medicine residencies at Harbor-UCLA Medical Center, after graduating from the Chicago Medical School. In addition to serving as Medical Director for the Los Angeles County Fire Department, he was also Medical Director of the Torrance Memorial Emergency Department, Assistant Clinical Professor of Medicine/Emergency Medicine at the UCLA School of Medicine, and he also completed his Master’s degree in Public Health and Tropical Medicine at James Cook University in Queensland, Australia!

Highlights of his career with County Fire include his role in the AED and 12-lead ECG programs, the Nurse Educator program, the overall increased emphasis on EMS he witnessed throughout the years, improved employee health services, community based CPR training programs, and collaboration with EMS and County communities. His hope for the future of LACoFD is to see it become the worldwide gold standard for fire-based EMS.

Future plans include Population Health, and more trumpet playing! We bid him a fond farewell, and wish him well in his new endeavors.



LAST ISSUE! Stay tuned for the EMS Agency’s new newsletter format, which will be briefer, more focused, and more frequent.

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